Effective October 1, 2003 6/77/447												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER TYPE OF SMALLE			
T	OTAL CLAIMS		19				I	RATE	FEE	1	RATE	FEE .
FOR			MUMBER FRED		NUMBER EXTRA			Basic Fi	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			9 minus 20 =		. 8		1	X\$ 9=		OR	X\$18=	
INI	DEPENDENT C	LAIMS	V minus 3 =		0		51	X43•		OR	X86•	
MULTIPLE DEPENDENT CLAIM PRESENT								-145=		OR	+290=	_
* If the difference in column 1 is less than zero, enter "O" in column 2							Ļ	TOTAL	+	OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OŘ	OTHER SMALL	THAN
AMENDMENTA	10-1-04	CLAIMS REMAINING AFTER AMENOMENT		PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 22	Minus	- 2		· 2		X\$ 9>		OR	X\$18=	3la
	Independent	· 3	Minus	1	<u> </u>	·		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
mloples-							A	TOTAL		OR	YOYAL ADDIT, FEE	
_	1/1/05	(Column 1)		(Cotun		(Cotumn 3)	_		•			
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HEGHS NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. <		VFM	0	•	Γ	XS 9=		OR	X\$18=	
	Independent	NTATION OF MI	I DPI E DE	ENDERG	CAIN	5		X43=		OR	- X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
akz/18							A0	YOTAL OIT, FEE		ОЯ	TOTAL ADDIT. FEE	
	40	(Cotumn 1)		(Colum		(Column 3)		• •		_		
ENTC		REMARKING AFTER AMENDMENT		NUMB PREVIOUS PAID F	ER USLY	PRESENT ENTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENOMENT	Total	- 17	Minus	* :×	<i>(</i> 2)	•		X\$ 9=		OR	X\$18=	
	Independent	• ~	Mires	m. 2		•	- -	X43-		•	XB6=	
`[FIRST PRESE	NTATION OF ME	LTIPLE DEF	ENDENT	CLAIM		-			OR		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.								145=		DR	+290+	
-	the Wighest Mus the Wighest Mus	aber Previously Pa 10er Previously Pa	id For IN THE id For IN THE	S SPACE is	less than less than	20. enter "20."		YOTAL DIT. FEE			TOTAL DOIT, FEE	
•	THE PROPERTY NAMED IN	ber Previously Pak	- or (1003) 6	undepender		ui duess urruspes	COUNT	an and th	propriate box	es cost	umo 1,	

Application or Docket Number